**Resident Specific Delegated Tasks**

The following tasks have been delegated by a licensed nurse and verified by the Delegating/Supervising RN for the following resident.

Resident Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Move in Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff name: see attached

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| --- | --- | --- | --- |
| Delegated Task | Date Delegated | Delegated Task | Date Delegated |
| Hand washing |  | Vitals (BP,HR,RR,T,O2) |  |
| Weight measurement |  | Blood Glucose checks |  |
| 02 administration |  | Percussion Vest |  |
| Hand Held Nebulizer |  | MOT administration |  |
| Eye medications |  | Ear medications |  |
| Topical medications |  | Metered dose inhaler |  |
| Nasal sprays |  | Tub bathes |  |
| Showers |  | Nail Care |  |
| Peri- care |  | Urine collection |  |
| Foley care |  | Linen |  |
| Visual impairment |  |  |  |
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